

Name  
in  
Full

CERTIFICATE OF DEATH

*Infant still born*

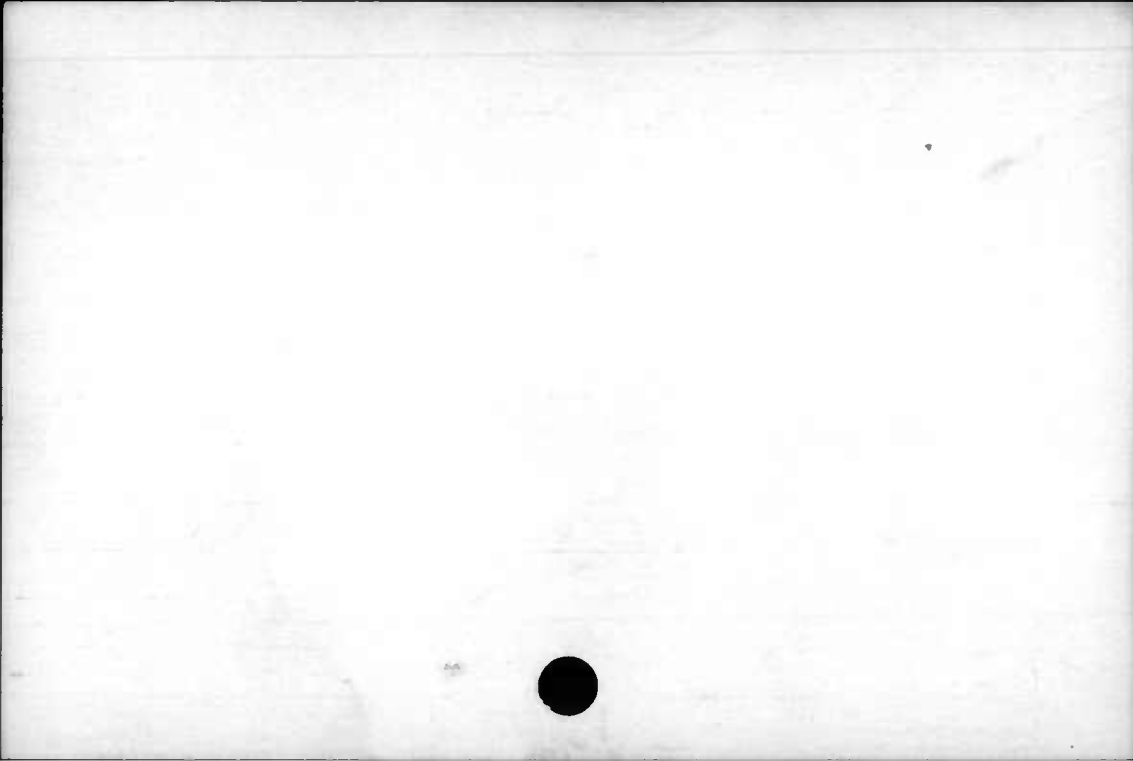
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>24</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>—</i>	Color or Race <i>white</i>		Birth-place <i>Berlin</i>		
<del>Married, Single or Widowed</del>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Rodgers Adams</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Sincron</i>
	Address <i>—</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friendship</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>Jan</i> <sup>Month</sup>	<i>12</i> <sup>Day</sup>	Age	<i>6</i> <sup>Months</sup>	<sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Friendship</i>		
Married, Single or Widowed <i>Baby</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>George E. Brumby</i>			Father's Birthplace		
Mother's Maiden Name <i>Carlye</i>			Mother's Birthplace		
Name of person giving information <i>Paul Jones</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Croup</i>	How long <i>9</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. Paul Jones M.D.</i>
	Address <i>Friendship Anne</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Jno W Burruss

Died at <sup>Town</sup> *Parsonage city* <sup>County</sup> *Worcester*

MARYLAND

Date 19 *03* <sup>Month</sup> *Jan* <sup>Day</sup> *20* | <sup>Y.</sup> *66* | <sup>M.</sup> | <sup>D.</sup> | <sup>Native of</sup> *Ohio* | <sup>Occupation</sup>

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living *0*Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Prostate disease & Typhoid*

How long sick

*2 months*

Death

Immediate

*Colicase*

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs. Leander Clifton  
Berlin

CERTIFICATE OF DEATH

MARYLAND

Died at

Berlin

County

Worcester

Date

of death 190

3 Jan

Month

Day

9

Age

Years

87

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Berlin

Married, Single  
or Widowed

Widow

Occupation

~~Name of Widow~~  
Husband

Leander

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
In formation

Mrs. E. B. Taylor

How related  
to deceased

none

CAUSES OF DEATH

Primary

Old age

How long

15

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

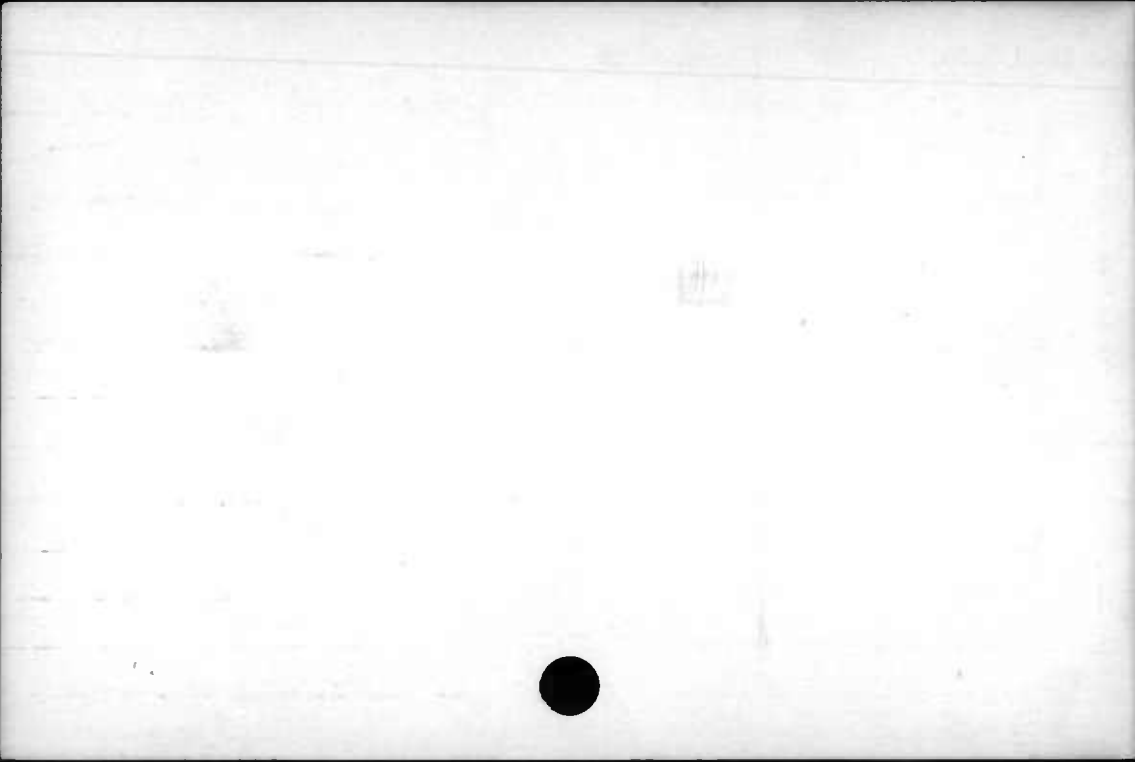
J. E. Weisbord F.D.  
Berlin, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <sup>Town</sup> <i>Shorell</i>		County <i>Worcester</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>10</i>	Age <i>3</i>	Years <i>3</i>	Months <i>3</i>
Sex <i>Male</i>	Color or Race <i>Blk</i>		Birth-place <i>Worcester</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo. Collins</i>			Father's Birthplace <i>Worcester</i>		
Mother's Maiden Name <i>Sarah Shorell</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Geo Collins</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>WT - known</i>	How long <i>179</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J E Wise F.D.</i>
	Address <i>Berlin</i>
Accident or Suicide?	



Name In Full *Joshua J Collins*  
 Died at *Bishopville* Town *Merceder* County *MARYLAND*  
 Date 19*03* *June* *4* Month Day Y. M. D. Native of *md* Occupation *Hammer*  
 Male *White* Age *75* Married *Widow* Divorced *Widow*  
 Female *Colored* Single *Widow* Number of children living *2*  
 Husband of *James Jackson*  
 Wife *Joseph Collins* Father's Name *Mother's* *Molly Brownson*  
 Cause of Death { Primary *Heart Trouble* 79 How long sick *15 Days*  
 Immediate *No* *Accident, Suicide, Homicide*  
 Reported by *Calvin Warren* *by Timothy Rayson*  
 Address *Bishopville Md* *Bishopville Md*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John Fasset.

CERTIFICATE OF DEATH

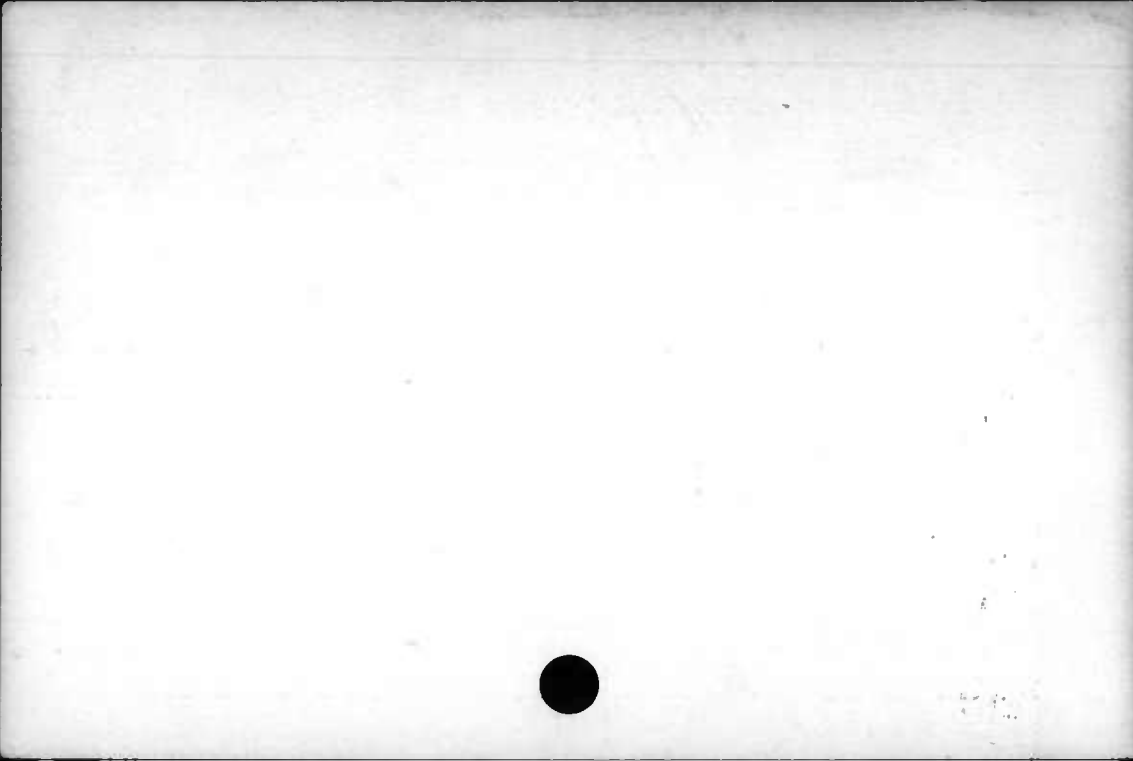
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Berlin		Harris					
Date of death 190	3	Month	1	Day	16	Age	26
Sex	Male	Color or Race	Black	Birth-place	Berlin	Months	Days
<input checked="" type="radio"/> Married, Single <input type="radio"/> Widowed		Occupation					
		Laborer					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Joshua Fasset				Berlin			
Mother's Maiden Name				Mother's Birthplace			
Maria Jane Purnell				"			
Name of person giving information				How related to deceased			
Jacob Bredell				None			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Shot Gun	How long	176
Immediate	Gun shot in Abdo.	How long	4 1/2
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Ebe Holland	
		Address	
		Berlin Md	
Manslaughter.			



Died at Ocean City Town Worcester County MARYLAND  
 Date 1903 January 28 Month Jan Day 28 Y. 1 M. 6 D. — Native of Maryland Occupation —  
 Male White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced Number of children living —  
 Husband of Joseph Hackney  
 Wife —  
 Father's Name Simon Hackney Mother's Maiden Name Clara, Hackney  
 Cause of Death { Primary General Disability How long sick 6 months  
 Immediate General Disability Accident, Suicide, Homicide —  
 Reported by Dr. Wm. J. Hearne  
 Address 179 Ocean City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Gemine Hancock*  
 Died at *Stoughton* <sup>Town</sup> *Worcester* <sup>County</sup> MARYLAND  
 Date *1903* Month *1* Day *10* Age *31* Y. M. D. Native of *MA* Occupation *House wife*  
~~Male~~ White Married ~~Widow~~ ~~Single~~ ~~Female~~ Colored ~~Single~~ ~~Widow~~ Number of children living *2*

Husband of *J. E. Hancock*  
 Wife  
 Father's Name *Wm Robinson* Mother's Name *Susan Robinson*

Cause of Primary How long sick  
 Death Immediate *Heart failure* Accident, Suicide, Homicide

Reported by *A. E. Hancock*  
*Stoughton*

Address

1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_  
of \_\_\_\_\_

Name in Full *James Wickman*  
 Town *Bishopville* County *Worcester* MARYLAND  
 Died at *Bishopville*  
 Date 19*03* Month *June* Day *23* Age *46* Y. M. D. Native of *Mo.* Occupation *Farmer*  
 Male ☒ Female ☐ White ☒ Color ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *5*  
 Husband of *Ellie Wickman*  
 Wife  
 Father's Name Mother's Name Maiden Name  
 Cause of Death { Primary *Consumption* Immediate *No* How long sick *27* *4 years*  
 Accident, Suicide, Homicide  
 Reported by *Printer register* *Garreth Bayne*  
 Address *Bishopville Del* *Bishopville*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Mo.*



Name in Full

Certificate of Death

Josephine Holland.

Town

County

Died at

MARYLAND

Date	19	03	Month	Day	Y.	M.	D.	Native of	Occupation
			Jan	9			9	U. S.	Anting Wood.
			Male					Widow	Divorced
			XFemale					Widower	Number of children living
			White						3
			XColored						

Husband of

Wife

Father's Name	Mother's Name
Wm. J. Holland	Wm. J. Holland

Cause of

Primary

Death

Immediate

How long sick

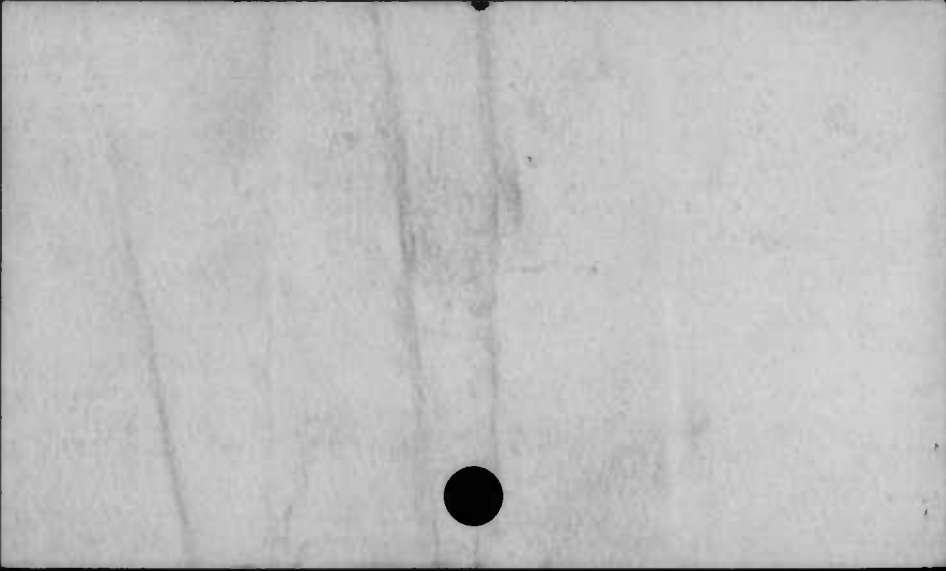
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Glenmore Johnson

## CERTIFICATE OF DEATH

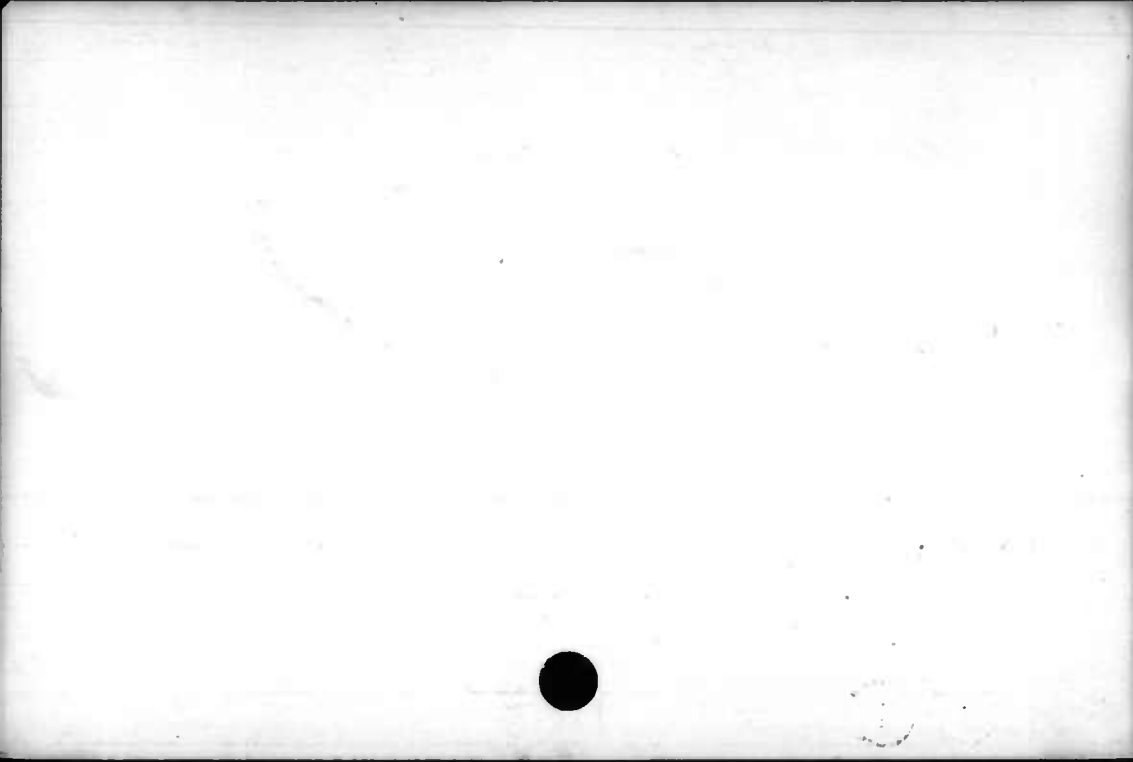
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Summitville</i>		County <i>Worcester</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan.</i>	Day <i>20</i>	Age <i>4</i>	Months	Days
Sex <i>afro</i>	Color or Race <i>light</i>		Birth-place <i>Country</i>		
<del>Married</del> , Single <i>—</i> <del>or Widowed</del>			Occupation <i>home</i>		
Name of wife or <i>Sadie Taylor</i>					
Father's Name <i>Glenmore Johnson</i>			Father's Birthplace <i>over River</i>		
Mother's Maiden Name <i>Sadie</i>			Mother's Birthplace <i>Sea Side</i>		
Name of person giving information <i>Nancy Richardson</i>			How related to deceased <i>all while</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>unknown</i>	How long <i>3 months</i>
Immediate <i>known</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William S. Williams</i>
<i>Summitville</i>	Address <i>Worcester</i>
Accident or Suicide?	<i>Maryland</i>





Name In Full

Certificate of Death

Died at

Date 1913

Male

~~Female~~Husband  
of~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

26 hrs.

Accident, ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Herbert Mills

Town

County

Strookston

Worcester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 20

Age

5-

Md

~~Married~~~~Widow~~~~Divorced~~

Single

~~Widower~~

Number of children living

of

Will Mills

Hattie Collins

Burnt

168

J. D. Dickerson M.D.

Strookston

Worcester Co.



Town *Elbe* County *Murphy*  
 Died at *Bishop* MARYLAND  
 Date 19 *03* Month *Jun* Day *1st* Y. *73* M. *73* D. *73* Native of *md* Occupation *Harmon*  
 Male *White* Married *Widow* ~~Single~~ ~~Widow~~ ~~Divorced~~ Number of children living *3*  
 Husband of *Ellen Murroy*  
 Wife *Ellen Murroy*  
 Father's Name *Ellen Murroy* Mother's Maiden Name *Ellen*  
 Cause of Death { Primary *Paretic* Immediate *No* How long sick *10 years*  
 { *No* ~~Accident, Suicide, Homicide~~  
 Reported by *Painter Watson* *Harrieth Payne*  
*Belbyville Del* *Bishopville* *md*  
 Address *Belbyville Del*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

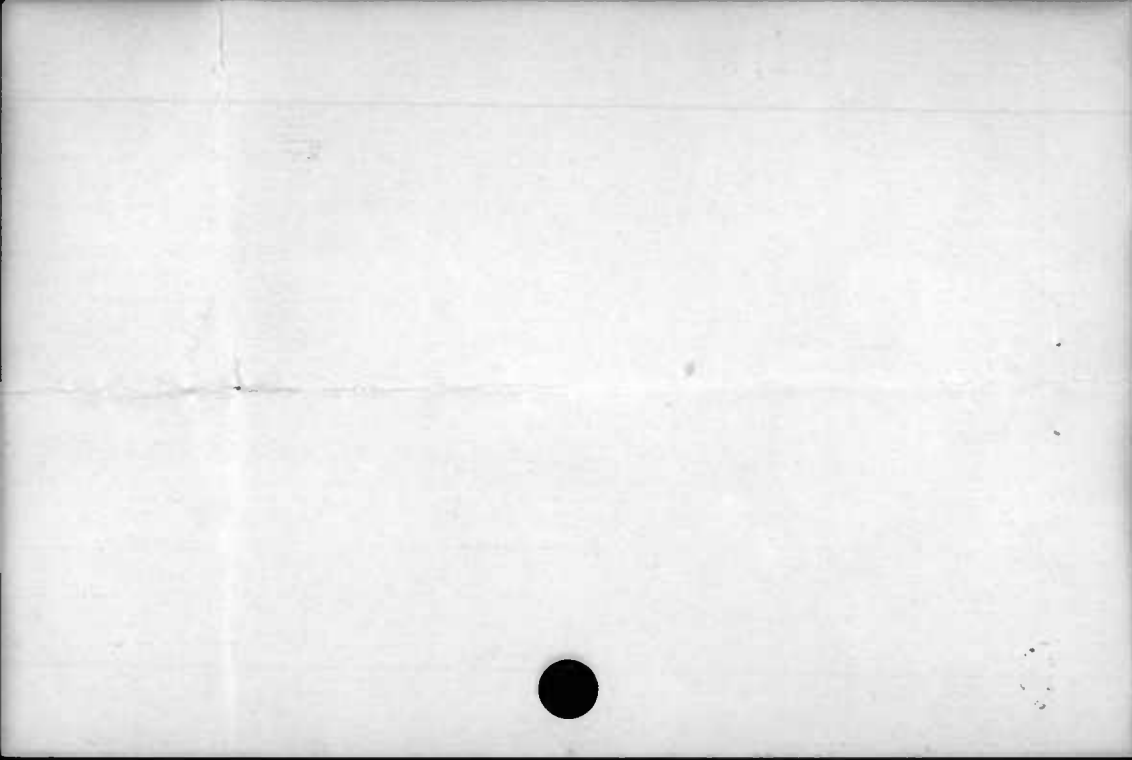
PHYSICIAN  
OR CORONER



Name in Full <i>Captain James Dickman</i>				County <i>Worcester</i>		CERTIFICATE OF DEATH	
Died at <i>Jones</i>				Town <i>Worcester</i>		MAYLAND	
Date of death <i>1903</i>		Month <i>Jan</i>		Day <i>18</i>		Years <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place		Months <i>18</i>	
Married, Single or Widowed <i>1</i>		Occupation		Age		Days	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Primary <i>Acute Nephritis</i>		How long	
Immediate <i>"</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. P. Collins</i>	
Accident or Suicide?		Address <i>Brickville Ind</i>	



James D. Richardson

### CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *near Beilun* Town

Tower

County

County  
Worcester

## MARYLAND

Date  
of death 190 3

Month

MOORE  
Jen

Day

19

Age 38 Years

Years

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

near Berlin

~~Married~~ Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name

Father's Birthplace

Mother's  
Maiden Name

Mothar's Birthplace

Name of person giving information

Mrs Ridings

How related  
to deceased

Daughter

### CAUSES OF DEATH

Primary

How long

3 weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

улаз

Signature of Physician

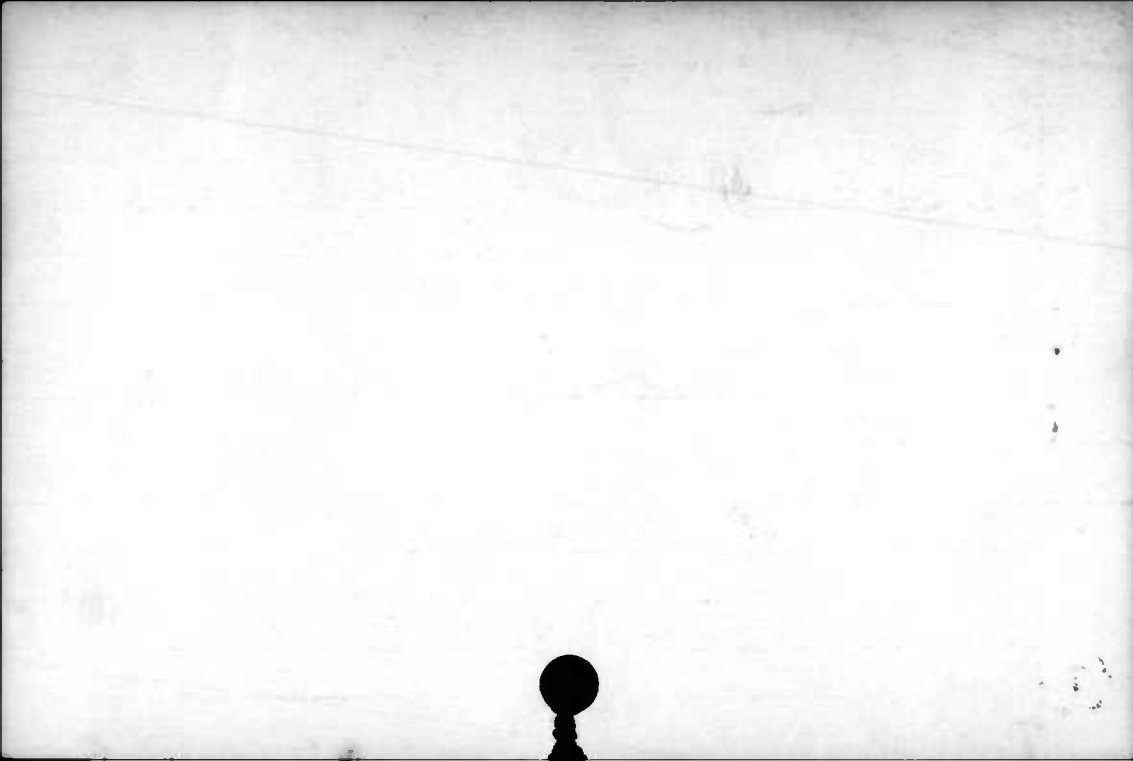
Address

PHYSICIAN  
OR CORONER

PH **OR** *Quinto 9 Exams*  
*under after Berl*  
Accident or Suicide

Accident or Suicide?

rich





Name  
in  
Full

Mrs Sallie Smith

## CERTIFICATE OF DEATH

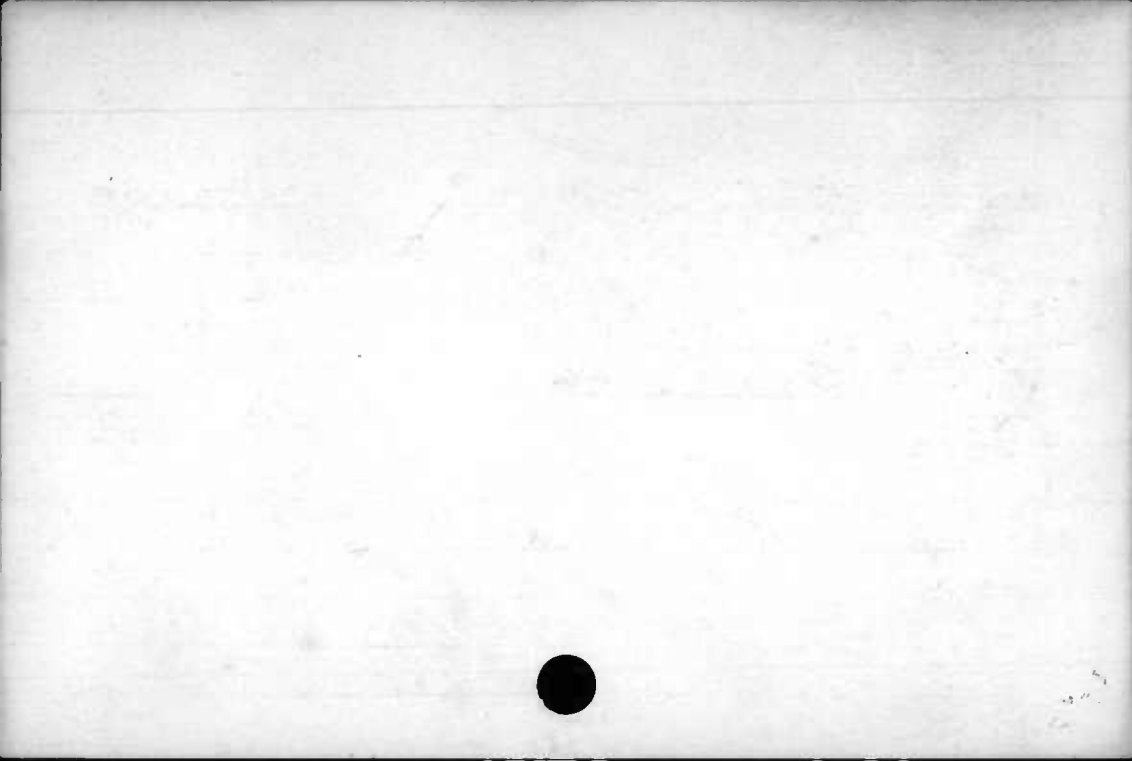
TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>Town</sup> near Berlin		<sup>County</sup> Worcester		MARYLAND	
Date of death 1903	Month June	Day 8	Age 68	Months	Days
Sex Female	Color or Race White		Birth-place Wor. Co		
Married, Single or Widowed Married			Occupation Housewife		
Name of Wife or Husband Mr John Smith					
Father's Name Salmon Leary			Father's Birthplace Campbelltown		
Mother's Maiden Name Henrietta Bell			Mother's Birthplace Chapelville		
Name of person giving Information Elijah B. Leary			How related to deceased Brother		

## CAUSES OF DEATH

PHYSICIAN  
OR  
CORONER

Primary	<del>Labor <del>Septicemia</del></del>	How long	8 or ten days
Immediate	Labor Pneumonia	How long	93
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. W. Dirichian M.D.	
		Address	
		Berlin Md.	
Accident or Suicide? —			



Name  
in  
Full

Sarah Smith

## CERTIFICATE OF DEATH

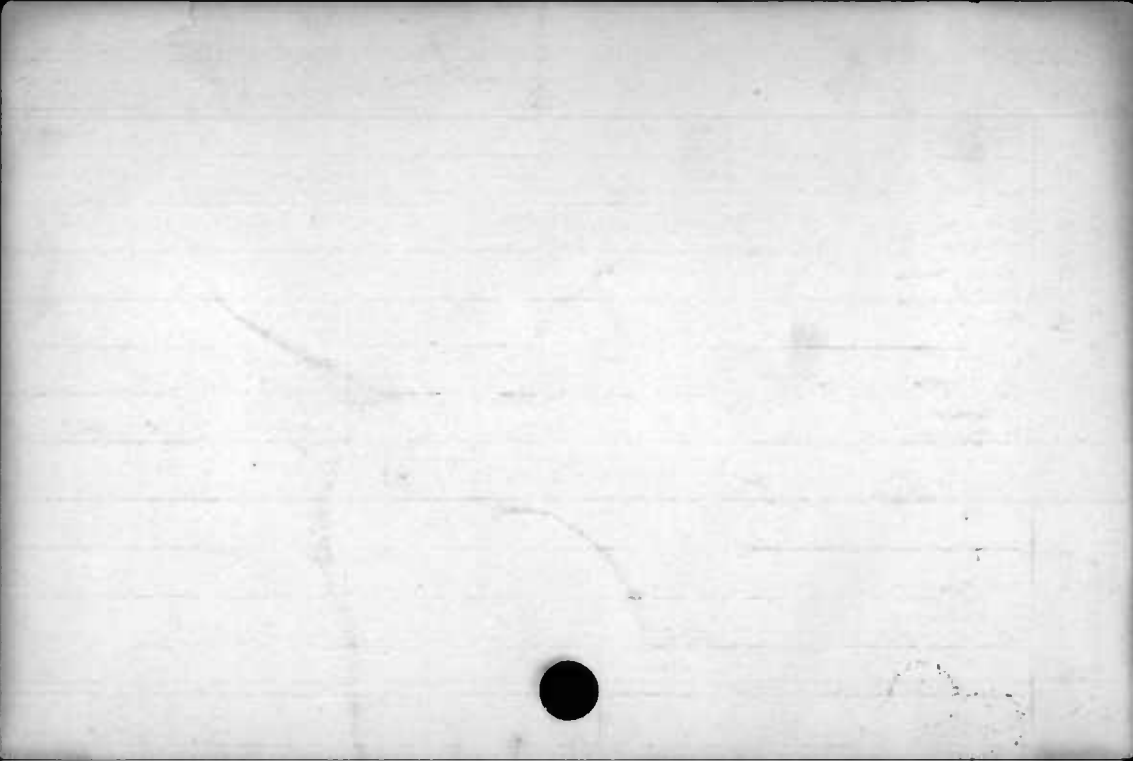
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Snowsice		County Worcester		MARYLAND	
Date of death 1903		Month Jan		Day 19		Age 76	
Sex Af. O.		Color or Race Nark.		Birth- place infant born		Months —	
Married, Single or Widowed		Occupation House Keeping				Days —	
Name of <del>Wife</del> Husband		Lillian Smith					
Father's Name		Jessey Dail				Father's Birthplace Worcester	
Mother's Maiden Name		Atlantic Dail				Mother's Birthplace Worcester	
Name of person giving Information		Negra Dail				How related to deceased 40 years	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Paralyze Stroke		How long Two days	
Immediate		no.		How long Sick 24 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician William S. Williams	
Snowsice		Address Worcester Maryland			
Accident or Suicide?		No.			



Name in Full

Certificate of Death

Lacie Taylor

Town

County

Died at

MARYLAND

Date 1913

Month

Day

Y.

M.

D.

Native of

Occupation

3

July 10

Age

22

Md

Servant

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Daniel Taylor

Mother's

Maiden Name

Hanna Jones

Cause of

Primary

Corrosion of heart

How long sick

1 hour

Death

Immediate

Pericarditis

Accident, Suicide, Homicide

Reported by

Hanna Taylor

Address

Baltimore City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7690\*



0170/13

### Certificate of Death

Died at <sup>Town</sup> *Pocomoke City* <sup>County</sup> *Worcester* MARYLAND

<del>Male</del>	White	<del>Married</del>	Widow	Divorced
Female	<del>Colored</del>	Single	<del>Widower</del>	Number of children living

Wife

Father's Name Ellie Ward Mother's Maiden Name Fannie T. Hancock

Cause of	Primary	Nephritis	How long sick	2 or 3 days
Death	Immediate	Haemuria		Accident, Suicide, Homicide

Reported by L. V. King

Address Pocomoke City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Died at		Town <i>John Wilkerson</i>		County <i>Herndon</i>		MARYLAND		
Date 19 <i>03</i>		Month <i>June</i>	Day <i>30</i>	Y. <i>88</i>	M. <i>88</i>	D. <i>88</i>	Native of <i>Maryland Herndon</i>	Occupation
Male		White		Married		Widow		<del>Divorced</del>
<del>Female</del>		<del>Colored</del>		Single		Widower		Number of children living <i>7</i>
Husband of		<i>Hellie Ann Wilkerson</i>						
Wife		<i>Irvin Wilkerson</i>						
Father's		Mother's						
Name		Maiden Name						
Cause of	Primary	<i>old Age</i>						
		<i>154</i>						
Death	Immediate	<i>No</i>						
		<i>How long sick</i> <i>6 months</i>						
Reported by		<i>Printer Watson</i>						
Address		<i>Belleville Ind</i>						
Must be signed by physician, if any in attendance, otherwise by		<i>By Bayne</i> <i>Bethesda Md</i>						



TO BE ANSWERED BY  
NEAREST FRIEND

*P. B. Warrick*

CERTIFICATE OF DEATH

Died at <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>21</i>	Years <i>41</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place	
Married, Single or Widowed <i>Married</i>		Occupation <i>School Teacher</i>			
Name of Wife or Husband <i>Percilla Warrick</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Percilla</i>				How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>93</i>	How long
Immediate	<i>pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. P. Hearned</i>
		Address <i>Snow Hill Md</i>
Accident or Suicide?		

